

## FACULTY OF HEALTH SCIENCES – DEPOSIT FORM

**NOTE:** All cheques must be made payable to McMaster University

To: FHS Finance Date: \_\_\_\_\_ From: \_\_\_\_\_  
**HSC 3H9** Dept: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Deposit type:**

CASH \_\_\_\_\_ CHQ \_\_\_\_\_

Money Order \_\_\_\_\_

**Currency type:** *\*only one currency type per deposit form*

CAD \_\_\_\_\_ USD \_\_\_\_\_ Other \_\_\_\_\_

Name of Issuer: \_\_\_\_\_ Cheque Date: \_\_\_\_\_  
 Cheque #: \_\_\_\_\_

<u>BU</u>	<u>Fund</u>	<u>Acct #</u>	<u>Dept</u>	<u>Program</u>	<u>Project</u>	<u>Amount</u>
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____

**\*\*Note:** Attach a list of payees, if funds being deposited to the same account number when there are multiple payments.

**TYPE of Payment :**

Income: \_\_\_\_\_ Reimbursement: \_\_\_\_\_ Other: \_\_\_\_\_ (attach backup)

**Explanation of deposit MUST BE COMPLETED**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Department Authorization: \_\_\_\_\_  
 (Name) (Signature)

**HSC Finance use only** REVIEWED BY: \_\_\_\_\_ DEP ID #: \_\_\_\_\_ DEPOSIT DATE: \_\_\_\_\_

ARD# \_\_\_\_\_